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|---|--|--|--|--|--|--------------------------|---|---------------------|--|----|---|--------|--------------|--------------------------|-------------------------|--------------------------|-----------------|---------------|
| Town Of Fabius 8354 U.S. Route 20 Manlius, NY 13104 (315) 682-1170 Phone (315) 682-8062 Fax zoning@townofpompey.com | APPLICATION FOR BUILDING PERMIT | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Tax Map Number</td><td></td></tr> <tr><td>Permit Number</td><td></td></tr> <tr><td>Date</td><td></td></tr> <tr><td>Fee</td><td>\$</td></tr> <tr><td>Road Deposit</td><td>\$</td></tr> <tr><td>Approved</td><td><input type="checkbox"/></td></tr> <tr><td>Disapproved</td><td><input type="checkbox"/></td></tr> </table> | Tax Map Number | | Permit Number | | Date | | Fee | \$ | Road Deposit | \$ | Approved | <input type="checkbox"/> | Disapproved | <input type="checkbox"/> | | |
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| Date | | | | | | | | | | | | | | | | | | |
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| Road Deposit | \$ | | | | | | | | | | | | | | | | | |
| Approved | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Disapproved | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Application for Building Permit, Certificate of Use, Certificates of Occupancy, Demolition, Fuel Burning Appliances, and Swimming Pools. | | | | | | | | | | | | | | | | | | |
| INSPECTION SCHEDULE APPLICANT IS REQUIRED TO OBTAIN AN INSPECTION AND APPROVAL FROM THE CODE ENFORCEMENT OFFICE PRIOR TO CONCEALING ANY WORK. THE FOLLOWING INSPECTIONS ARE THE MINIMUM THAT MUST BE OBTAINED. | | | | | | | | | | | | | | | | | | |
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| Occupancy Classification | Construction Classification | | | | | | | | | | | | | | | | | |
| NATURE OF WORK: <input type="checkbox"/> New Bldg <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Fuel Burning Appliances <input type="checkbox"/> Swimming Pools | | | | | | | | | | | | | | | | | | |
| TOTAL VALUE OF CONSTRUCTION (land value excluded): _____ | | | | | | | | | | | | | | | | | | |
| PROPOSED CONSTRUCTION: | | | | | | | | | | | | | | | | | | |
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| Stories | Garage | Bedrooms | Baths | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | | | | |
| SIZE OF LOT: Front _____ Rear _____ Depth _____ Acreage _____ | | | | | | | | | | | | | | | | | | |
| Does proposed construction violate any Zoning Ordinance or other regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| Special Zoning Regulations and Approvals (if applicable): _____ | | | | | | | | | | | | | | | | | | |
| ARCHITECT _____ <small>(Name) (Address) Telephone No.</small> | | | | | | | | | | | | | | | | | | |
| CONTRACTOR _____ <small>(Name) (Address) Telephone No.</small> | | | | | | | | | | | | | | | | | | |
| ELECTRICIAN _____ <small>(Company) (Expires)</small> | | | | | | | | | | | | | | | | | | |
| Insurance Certificate on File: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Company) (Expires)</small> | | | | | | | | | | | | | | | | | | |
| APPLICATION IS HEREBY MADE to the Town of Fabius Codes Enforcement Office for the issuance of a building permit pursuant to the New York State Fire Prevention and Building Code and Zoning Law of the Town of Fabius for the construction of buildings, additions or alterations, change or modification of the use of a building or property, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations. | | | | | | | | | | | | | | | | | | |
| STATE OF NEW YORK) | | | | | | | | | | | | | | | | | | |
| COUNTY OF ONONDAGA)ss: _____ being duly sworn deposes and says that he/she is the applicant named. | | | | | | | | | | | | | | | | | | |
| He/She is the _____ <small>(Contractor, Agent, Corporation Officer, Etc.)</small> | | | | | | | | | | | | | | | | | | |
| of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans and specifications filed therewith. | | | | | | | | | | | | | | | | | | |
| Sworn to before me this _____ Day of _____ 20____ | | | | | | | | | | | | | | | | | | |
| Notary Public _____ County _____ Signature of Applicant _____ | | | | | | | | | | | | | | | | | | |
| Examined by: _____ Date _____ | | | | | | | | | | | | | | | | | | |